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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays this identification number.		Docket Number (Optional) 00-4064	
<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (fees effective on or after December 8, 2004)		CENTRAL FILE	
Application Number      09/845,486		Filed      April 30, 2001	
For <b>SYSTEMS AND METHODS FOR PROVIDING AUDIO INFORMATION TO SERVICE AGENTS</b>			
Art Unit      2642		Examiner      Hector A. AGDEPPA	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$120.00 \$450.00 \$1,020.00 \$1,590.00 \$2,160.00	\$60.00 \$225.00 \$510.00 \$795.00 \$1,080.00	\$ 120.00 \$ _____ \$ _____ \$ _____ \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-2347</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>25,648</u>			
<u>[Signature]</u> Signature		<u>December 28, 2004</u> Date	
<u>Jodi Wall</u> Typed or printed name		<u>(972) 718-4800</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

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Examiner Hector A. AGDEPPA

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<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00	\$

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 Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_ 25,648

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